

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038743

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5282

STATE FILE NUMBER

FILED NOV 1 1962

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. Frank Ellis

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | |
| Length of stay in 1b <u>50 YRS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>2544 TROOST</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Henderson</u> Last <u>Henderson</u> | | 4. DATE OF DEATH Month <u>October</u> Day <u>15</u> , Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-7-1888</u> |
| 9. AGE (last birthday) <u>74</u> | | IF UNDER 1 YEAR Months <u>74</u> Days <u>74</u> Hours <u>74</u> Min. <u>74</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>MISC.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>SEDALIA, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>GEORGE HENDERSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>FRANCES CHELNAULT</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>CLARENCE HENDERSON, K.P., Ks.</u> | | Address <u>K.P., Ks.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>3</u> | |
| 17. INFORMANT <u>CLARENCE HENDERSON, K.P., Ks.</u> | | Address <u>K.P., Ks.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Undetermined; possible Pulmonary embolism</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>11:55A</u> a.m. <u>11:55A</u> p.m. <u>11:55A</u> | Month, Day, Year <u>10-13-62</u> to <u>10-15-62</u> and last saw her alive on <u>10-15-62</u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>10-13-62</u> to <u>11:55A</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | Death occurred at <u>10-15-62</u> | |
| 22a. SIGNATURE <u>[Signature]</u> (Deceased's wife) | | 22b. ADDRESS <u>2400 Cherry</u> | 22c. DATE SIGNED <u>10-17-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>10-20-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u> | 23d. LOCATION (City, town or county) (State) <u>KANSAS CITY, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>BROWN-HUDSON, K.P., Mo.</u> | ADDRESS <u>10-17-62</u> | 25. DATE RECD. BY LOCAL REG. <u>10-17-62</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.